

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "The Modified Child-Pugh Grade vs the Albumin-Bilirubin Grade for the Prognosis of Hepatocellular Carcinoma Patients after Hepatectomy"(tracking number 52998 ). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have read the comments carefully and have made correction which we hope meet with approval. Revised portions are marked in red with track changes. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

**Reviewer 1 ( Number ID: 03505873)**

1. The differences in AUCs of two factors are marginal, and the data and conclusion may be over-interpreted and overstated.

**Response:** Thanks for your comment. The differences in AUCs of two factors seemed not obvious, but the difference in AUCs between these two factors for recurrence-free survival was statistically significant, and for overall survival the difference was indeed slight. But in total, the MCP grade indeed displayed advantage over the ALBI grade regardless of the overall survival or relapse-free survival. We need to pay attention to our diction, and we have added this point into our revised manuscript and the details can be found in Line7-14, Page 9; Line 26-27, Page 10.

2. Since the sample-size is not very large, and patients were from one clinical center, if more patients from various centers are enrolled, the conclusion may be more convincing.

**Response:** Thanks for your comment. We must acknowledge that these are several limitations of this study. we have collected HCC patients from January 2010 to June 2017, but may be limited by the inclusion criteria, only 204 patients were included in our study. Therefore, the larger and multicentre studies are needed to further validate the results in the future. We have modified this point into our revised manuscript and the details can be found in Line29-31 , Page10.

3. If possible, will a combination these two factors a better prognostic factors for long-term outcome of HCC patients?

**Response:** Thanks for the reviewer's kind suggestion. As suggested, we combined the MCP score with the ALBI score and got a new scoring system- MCP-ALBI grade. First, univariate analysis showed that the MCP-ALBI grade was the independent predictor of OS and RFS, and the multivariable regression analysis displayed that the MCP-ALBI grade was an independent factor of RFS but not an independent predictor of OS ( $P = 0.402$ ). Second, the K-M curve showed that the discrimination ability of MCP-ALBI grade was worse than the MCP grade and ALBI grade for OS; for RFS, the MCP-ALBI grade was comparable to the MCP grade. Third, the median OS and RFS times of the MCP-ALBI grade in the same grade were comparable to the MCP grade. And the patient distribution of MCP-ALBI grade was relatively uniform which was as the same as the MCP grade. Finally, the AUC of the MCP-ALBI grade was not much higher than the MCP grade (MCP-ALBI vs MCP: 0.662 vs 0.642 for OS; 0.690 vs 0.659 for RFS), and regardless of OS or RFS, the differences of the AUCs between the two grades were not statistically significant ( $P = 0.270$  and  $0.208$ , respectively). Overall, the MCP-ALBI grade is better than the ALBI grade in predicting the prognosis of HCC patients, but it is comparable to the MCP grade. Based on the fact that our aim is to compare the two simple, clinically accessible and objective grading systems- the MCP and ALBI grades, and the combination of MCP grade and ALBI grade to obtain the MCP-ALBI grade did not show advantage over MCP grade, so we did not include the MCP-ALBI grade in the study.

**Reviewer 2 ( Number ID: 03002477)**

1. The article requires english editing and writing style, sentences must be rechecked.

**Response:**Thanks for the reviewer's suggestion, it is very important for the quality of our manuscript. We have consulted a professional editing service (<http://webshop.elsevier.com/languageediting/>) and invited experts for English writing to help us with proof reading for English language.We hope that the revised manuscript will meet with approval.

**Reviewer 3 ( Number ID: 02584466)**

1. The discriminatory power of both scoring systems, at AUC areas between 0.594 to 0.659 (Figure 3), are weak, underlying the need for efforts to develop better scoring systems. I suggest that the authors should add a comment addressing this point.

**Response:** Thanks for the reviewer's suggestion. We must explain to you that since the MCP grade is a new grading system and the value of the ALBI grade has been widely confirmed in the international environment, our results show that the discriminatory power of both scoring systems, at AUC areas between 0.594 to 0.659 (Figure 3), are weak, but MCP grade still shows a slight advantage, and the difference of the AUC between the two grades for relapse-free survival is statistically significant. As suggested, we have added the comment into our revised manuscript and the details can be found in Line10-14 , Page9.

2. The presentation of this report needs improvement.

**Response:** Thanks for the reviewer's suggestion. As suggested, we have added this point into our revised manuscript and the details can be found in Line20, Line26-27, Page3; Line2-3, Page4 and Line3, Line19-29, Page7.

**Editor**

**Response:** Thanks for the editor's suggestion. I have uploaded the PPT file again; and have revised the highlights and legend part of the article according to the comments and the details can be found in Line13-31, Page12 and the file named Image File. As suggested, I have modified the table 3 and the supplementary Table 1.

Your help and assistance is highly appreciated and I am looking forward to hearing from you.

Best regards

Yours sincerely,

Jian Gao